City of Duluth Exit Information Form

Employee's Full Name: _____ **Today's Date**: _____

Resignation/Termination/Retirement Date: _____ **Last Day of Work**: _____

Reason for Variance: _____ **Original Hire Date**: _____

Division: _____ **Department**: _____

Title: _____

Current Position Status: Full Time ¾ Time ½ Time

Has benefit information been provided to employee? Yes No Date Provided: _____

Notification of employee exit (date notified):

Data Entry _____ Editor (The Bridge) _____ Graphics _____

Information _____ Manager, Human Resources _____ MIS _____

Employee Benefits Administrator _____ Payroll _____ Supervisor _____

Human Resources Clerical _____ Master Retiree File _____